

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Francisco Alvarez-Gil M.D.

Mailing Address 3661 S Miami Ave Ste 504

City State Zip Code
Miami FL 33133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Biscayne Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1796819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jack W. Anderson M.D.

Mailing Address 7149 Wynlakes Blvd

City State Zip Code
Montgomery AL 36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Montgomery Surgical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C1790574

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Jeffrey D. Anderson M.D.

Mailing Address 7000 Forest Dr

City State Zip Code
Johnston IA 50131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C1799000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00